FILING DATE SERIAL NO. **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. DEP. DEP. IND. DEP. IND. IND. IND. DEP. MD. DEP. TOTAL IND. TOTAL IND. **B** . _... TOTAL DEP. TOTAL DEP. 23 TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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